



Mecklenburg County MeckCARES Application

In what Town is your business headquartered, the physical location, brick and mortar of your establishment? *

Please select ▼

Does your business have 50 or less employees? *

☐ Yes

☐ No

Are your gross sales at least \$30,000 and no more than \$2,000,000 annually? *

☐ Yes

☐ No

Was your business established on or before January 1, 2020? *

☐ Yes

☐ No

Is your business a non-profit? *

☐ Yes

☐ No

Was your business economically impacted by COVID-19? *

☐ Yes

☐ No

Is your business presently involved in a bankruptcy proceeding? *

☐ Yes

☐ No

Next



Eligibility

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Application

Your business meets the eligibility requirements for this grant. Please continue to the next part of the application.

Was this business included in the [Governor's NC Executive Order 120](#)?

Required *

- ☐ Yes
- ☐ No

Please select the type of business: *

- ☐ Entertainment facility (e.g. live performance venues; moving theaters; skating rinks)
- ☐ Indoor exercise facility (e.g. gyms; yoga studios; indoor trampoline; rock climbing facilities)
- ☐ Personal care and grooming business (e.g. beauty salons; barber shops; massage therapists; tanning salons; nail salons)
- ☐ Restaurants

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Submit

Your business meets the eligibility requirements for this grant. Please continue to the next part of the application.

Was this business included in the [Governor's NC Executive Order 120](#)?

*Required **

☐ Yes

☒ No

Please note, you are required to download, complete and submit a **notarized** affidavit describing how the business was impacted by COVID-19.

Do you already have a signed, notarized affidavit you can upload at the end of this application?

☒ Yes

☐ No

Legal Business Name: *

Doing Business As (DBA):

Race / Ethnicity of Majority Owners: *

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Other

Is this a Woman Owned Business? *

☐ Yes

☐ No

Is this a Veteran Owned Business? *

☐ Yes

☐ No

Business Address

Physical Address

Street: *

Town: *

State: *

NC

2 letter abbreviation (e.g., NC)

Zip Code: *

Mailing Address

Street: *

City/Town: *

State: *

NC

2 letter abbreviation (e.g., NC)

Zip Code: *

Legal form of Business: *

Please select



Enter your Business Tax Identification Number or EIN: *

You will need to upload documentation for proof of business existence. The document must match the business legal name or the DBA and address on the application. Please select the document type you will upload: *

- ☐ IRS letter with business name and EIN or Social Security Number
- ☐ Bank statement with business name and/or address. Must be from 2020
- ☐ Utility bill with business name and/or address. Must be from 2020
- ☐ Sales and use tax report for Mecklenburg County from 2020

10. Name of Business Contact completing the Application

First name: *

Last name: *

Role of person completing the Application *

- ☐ Owner
- ☐ Officer
- ☐ LLC Manager
- ☐ Other

Business Phone Number: *

Cell phone number:

Email: *

Business website:

Business establishment:

- ☐ Owned
- ☐ Rented
- ☐ Leased

Number of years in business: *

Please select



Gross Sales from 2019: *

\$0.00

You will need to upload one of these documents as proof. Please choose which one you will upload: *

- ☐ Form 1040 Schedule C for Sole proprietor. Must be from 2019 tax year
- ☐ Page 1 of Form 1065 for Partnerships/LLCs. Must be from 2019 tax year
- ☐ Page 1 of Form 1120 for C Corporations. Must be from 2019 tax year
- ☐ Page 1 of Form 1120S for S Corporations. Must be from 2019 tax year

COVID-19 Impact on Business (check all that apply) *

- ☐ Temporary Business Closure
- ☐ Reduced Hours of Operation
- ☐ Employee Layoffs
- ☐ Revenue Decline
- ☐ Increased Operating Costs (e.g. employee paid leave; new health/safety protocols)
- ☐ Inability to Respond to Home-Delivery Requests
- ☐ Interrupted Supply/ Delivery
- ☐ Inability to Serve Customers

☐ Decreased Customers

☐ Other

Number of Full or Part-Time employees as of January 1, 2020 *

☐ 0-5 Employees (Eligible for \$10 000 grant)

☐ 6-25 Employees (Eligible for \$15 000 grant)

☐ 26-50 Employees (Eligible for \$250 000 grant)

How will the business use the grant amount based on the number of employees selected above? Please ensure the total budget is equal to the eligible grant amount.)

Employee Salaries and Benefits *

\$ 0.00

Owner (Sole Proprietor) Salary *

\$ 0.00

Rent / Mortgage *

\$ 0.00

Utilities *

\$ 0.00

Working Capital *

\$ 0.00

COVID-19 Compliance for worker or customer safety *

\$ 0.00

Total \$ 0
(should total to \$10,000)

Did the business receive COVID-19 related federal, state or local funding (e.g. SBA Paycheck Protection Program (PPP), SBA Economic Injury Disaster Loan or Golden Leaf programs)? *

☐ Yes

☐ No

Please download, read, and sign the Certification and Authorization document [here](#). You will need to upload it along with your other required documentation.

Upload Documents

Please upload the following documents:

Notarized affidavit describing how the business was impacted by COVID-19

2019 IRS Form W-3

Signed Certification and Authorization document

File upload *

Drag files here or

Select files

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Submit